

JERVIS BAY SAILING CLUB Inc.

APPLICATION FOR MEMBERSHIP - 2018-19

Please print and use one form per individual or family

		hereby apply	for membe	rship of the Jer	vis Bay
Sailing Club Inc., f SENIOR	JUNIOR	CREW / AS	SOCIATE	FAM	IILY
I understand that u	upon my admiss	cle class of membership app sion I/we will be bo		constitution and	by-laws
Signed	llf of my family, if application	Date/.	./		
Postal address Post Code		Work Pho	ne ne		
Nominated by Sailing Club Inc.		a			Bay
Seconded by Sailing Club Inc.					s Bay
SENIOR MEMBER	RSHIP	(\$130.00)		1	
Surname		First Name		DOB	\$
JUNIOR MEMBER	RSHIP	Under 18 @ 30th Au	g. 2018 (\$4 (0.00)	Ψ
Surname		First Name	DOB	3	
CREW / ASSOCIA MEMBERSHIP	ATE	(\$55.00)			\\$
Surname		First Name		DOB	
		(\$005.00)			\$
FAMILY MEMBER Family members' named in the second s		(\$225.00)			
Surname	ines and children	First Name	DOB		
Adult 1					
Adult 2					
Youth 2					
Youth 2 Youth 3					\$
i i outii o					

Application Fee \$ 50.00 TOTAL AMOUNT \$

VESSEL DETAILS

Name	Draft	Rego No.
Class	Location	Radios
Length	Hull Colour	Call Sign
Beam	Sail No.	Trailer Rego

CONSENT FOR THE PUBLICATION OF PERSONAL PARTICULARS

As a member onecessary)	of the Jervis Bay Sailin	ng Club and by signing th	nis document I consent to my (delete a
Name	Boat Details	Photograph	Telephone Number

Email address
Other.....

Being published in (Delete as necessary)

Club Newsletter Media releases Membership List
Other.....

Until such time as this authority is withdraw in writing. I understand that my consent to publish does not mean that publication will necessarily occur. I understand that future withdrawal of this consent will result in cessation of publication only, **NOT RECALL** of previously publications.

Signed......Date .../.../...

Direct Deposit invited.

Account Name – Jervis Bay Sailing Club Account # - 72210 BSB – 802124

Please use your **Surname as the Reference** to ensure your payment can be tracked.

Note: This signed membership form must still be submitted to the club for your membership to be accepted. Payment alone will not make you a financial member and your YA insurance will not be approved until this form is received and reconciled with your payment.

OFFICE USE ONLY						
Receipt # Entere	edPosted					
Membership approved at the C	Committee meeting held on//	Entered on mailing				
list//						
Secretary	Membership Director					